

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

Attorney File: KELJ001

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one named it listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Modular Service Payroll System, the specification of which

X is attached hereto.	
was filed on, as	Application Serial No.
and as amended on	, p

I hereby state that I have reviewed and understand the contents of the altipve-identified specification, including the claims, as unended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37. Code of Pederal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35. United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

None

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37. Code of Federal Registrations, 156(a), which occurred between the fi ing date of the prior application and the national or PCT international filing date of this application:

None

I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, said attorney having full power of substitution and evocation: Lyun E. Barber, Reg. No. 31,734. Address all telephone calls to Lyun E. Barber, (817) 361-7131. Address all correspondence to Lyun E. Barber, Post Office Box 16528, Fort Worth, Texas 76162.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge and after having been warned that willful false statements, and the like, so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor Andrew Jeffrey Kelly

Inventor's signature Court. Arlings

7-

Date 9/4/200

Citizenship US

Mailing Address 3610 W. Pioneer Parkway, Suite 211, Arlington, TX 76(1)